

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|--------------------------------|
| FEE DETERMINATION | <i>mg</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 71531 | 9/19/00 5926-00 11-00-00 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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